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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/619,095	07/11/2003		Takashi Okuyama	FS.20107US0A		07USOA	4711	
TITLE OF INVENTION: MULTIPLE NODE NETWORK AND COMMUNICATION METHOD WITHIN THE NETWORK								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOT	'AL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	07/02/2008	
EXAN	IINER	ART UNIT	CLASS-SUBCLASS	7				
ZHU, BO HUI ALVIN		2619	370-389000	)O				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  1 Knobbe Martens Olson & Bear LLP					
Total			registered attorney or 2 registered patent at	name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Yamaha Marine Kabushiki Kaisha Shizuoka-ken, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🖾 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee								
Publication Fee (N	card. Form PTO-2038 is attached.  reby authorized to charge the required fee(s), any deficiency, or credit any leposit Account Number 11-1410 (enclose an extra copy of this form).							
			overpayment, to Dep	osit Account Numbe	ge the require x <u>11-1410</u>	enclose a	n extra copy of this form).	
	tus (from status indicated s SMALL ENTITY statu		b. Applicant is no lo	nger claiming SMAL	L ENTITY s	status. See 37 Cl	FR 1.27(g)(2).	
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Authorized Signature	NO	W W		Date	7/2	108		
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